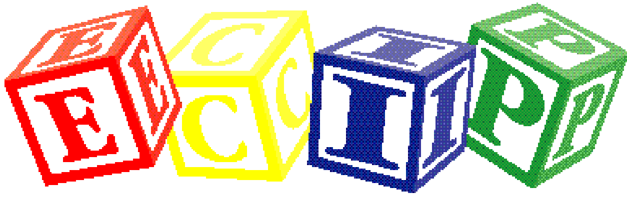


**Swift Current and District**
**Early Childhood Intervention Program Inc.**
**P.O. Box 486**
**Swift Current, Saskatchewan**
**S9H 3W3**
**Phone 773-3600 Fax 778-6633**

***Referral For Early Childhood Home Based Intervention Services***

Date:_______________________________________

Name of Child:_______________________________________________________________

Date of Birth:________________________________________________________________

Name of Parent(s)/Guardian(s):__________________________________________________

Address:________________________________________Phone Number:__________

Referring Agent:__________________________________Agency:________________

Address:_______________________________________Phone Number:___________

Length of time and association with the child:___________________________________

Please describe why the child is being referred:__________________________________
____________________________________________________________________________
____________________________________________________________________________

Please describe the child/family needs:_________________________________________
____________________________________________________________________________
____________________________________________________________________________

Has this child been assessed by the following? If so, please indicate by whom and when.

Medical:____________________________________________________________________
Psychologist:________________________________________________________________
Speech Language Pathologist:___________________________________________________
Physiotherapist:______________________________________________________________
Occupational Therapist:________________________________________________________
Other Agency Involvement (Please Specify):_______________________________________

Have you discussed this referral with the child's parent(s)/guardian(s)? Yes______ No______

May we contact this family directly? Yes______ No_______

Signature:_____________________________________Date:____________________